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DATE October 26, 2007	TOTAL PAGES (INCLUDING COVER SHEET) 3	FROM Alejandro Fernandez
RECIPIENT(S) United States Patent and Trademark Office	FAX NUMBER(S) 571.273.8300	FOR INFORMATION CALL 813.813.221.7161
		EMAIL ADDRESS ksullivan@slk-law.com
RECIPIENT'S TELEPHONE NUMBER: 1.800.786.9199		FILE NO. A34800414077
REFERENCE Revocation of Power of Attorney with New Power of Attorney and Change of Correspondence Address		
<p style="text-align: center;">MESSAGE</p> <p>Please see the enclosed transmittal form and revocation of power of attorney form.</p>		

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PTO/SB/21 (10-07)

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/711,077
	Filing Date	8/20/04
	First Named Inventor	Aldo A. Laghi
	Art Unit	1744
	Examiner Name	Spislich, Mark
Total Number of Pages In This Submission	Attorney Docket Number	1098.56

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Revocation of Power of Attorney with New Power of Attorney and Change of Correspondence Address
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Shumaker, Loop & Kendrick, LLP, 101 E. Kennedy Blvd., Ste.2800, Tampa Florida 33602		
Signature			
Printed name	Alejandro J. Fernandez		
Date	10/26/07	Reg. No.	52886

CERTIFICATE OF TRANSMISSION/MAILING	
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:	
Signature	
Typed or printed name	Alejandro J. Fernandez
Date	10/26/07

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/82 (01-08)

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REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	10/711,077
	Filing Date	8/20/04
	First Named Inventor	Aldo A. Laghi
	Art Unit	1744
	Examiner Name	Spislich, Mark
	Attorney Docket Number	1098.58

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number:

57,838

☐ Please change the correspondence address for the above-identified application to:

☒ The address associated with
Customer Number:

57,838

OR

☐ Firm or
Individual Name

Address

City

State

Zip

Country

Telephone

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I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature

Name

Date

October 17, 2007

Telephone

727.528.8566

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of 1 forms are submitted.

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